

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

93-62-019510
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 3099 Registrar's No. 8009

1-21 MAY 16 1962

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARSON CREEK TOWNSHIP</u>		c. CITY OR TOWN <u>MEADVILLE</u>	
Length of stay in 1b <u>15 YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SW OF MEADVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi. SW OF MEADVILLE</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>OMAR - HAMMOND</u>		4. DATE OF DEATH Month Day Year <u>5-4-62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1900</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	
11. BIRTHPLACE (City and state or country) <u>PRINCETON, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ELZA HAMMOND</u>		13b. MOTHER'S MAIDEN NAME <u>LEO POWELL</u>	
14. NAME OF HUSBAND OR WIFE <u>MARTHA</u>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MARTHA HAMMOND, MEADVILLE, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACCIDENT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HR</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CRUSHED CHEST, INTERNAL HEMORRHAGE</u>			
DUE TO (c) <u>CAUGHT BY POWER TAKE-OFF ON TRACTOR</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>GEAR OF POST HOLE DIGGER ATTACHMENT</u>	
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>PM</u> Month, Day, Year <u>5-4-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM YARD</u>		20f. CITY, TOWN, OR LOCATION <u>PARSON CREEK TOWNSHIP</u>	
COUNTY <u>LINN</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>12:10</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.R. Knight</u>		22b. ADDRESS <u>Meadville, Mo.</u>	
(Degree or title) <u>Coroner</u>		22c. DATE SIGNED <u>5-6-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MEADVILLE, MISSOURI</u>
24. FUNERAL DIRECTOR <u>WRIGHT'S, MEADVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>Gina Watson</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4655

P. O. Address Meadwell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.